

**REQUEST FOR SCREENING  
FOR  
INDIVIDUAL AND FAMILY DEVELOPMENTAL DISABILITIES SUPPORT WAIVER  
(DD WAIVER)**

***\*\*This is a request to be screened for the Individual and Family Developmental Disabilities Support Waiver. Submission of this request form does not guarantee admission into the waiver, nor does it guarantee Medicaid eligibility. Fill the request form, print, sign, and mail to the address below.***

Name of person to be screened: \_\_\_\_\_

Address (include city, state, zip): \_\_\_\_\_

County: \_\_\_\_\_ Phone Number (include area code): (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_

*\* Individuals must be 6 years of age or older and cannot have a diagnosis of Mental Retardation to be eligible for this waiver. Application for DD Waiver services can be made when the individual is 5 years, 9 months of age.*

Are you currently Medicaid eligible? Yes \_\_\_\_\_ No \_\_\_\_\_

• If yes, provide 12-digit identification number: \_\_\_\_\_

• What services are you currently receiving under Medicaid?: \_\_\_\_\_

Name of person making request, if not applicant: \_\_\_\_\_

• Relationship of person (parent, guardian, etc.): \_\_\_\_\_

• Phone number, including area code: (\_\_\_\_) \_\_\_\_\_

Signature of Person Requesting Screening \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please return this completed form to:**

**DMAS**

**Behavioral Health & Developmental Disabilities Unit  
Division of Long Term Care & Quality Assurance  
600 East Broad Street, Suite 1300  
Richmond, VA 23219**

*Or*

**Fax to: (804) 371-4986**

**FOR SCREENING TEAM USE ONLY**

**Date Application Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature of Receiver:** \_\_\_\_\_

**Date(s) Contact Made With Applicant:** \_\_\_\_\_

**Date Screening Performed:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Service Approved?:** \_\_\_\_ **If Approved, which service?** ICF/MR \_\_\_\_ DD Waiver \_\_\_\_

**Service Not Approved?:** \_\_\_\_ **If Not Approved, Reason:** \_\_\_\_\_

**Date Applicant Notified:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **(Attach copy of letter to this request)**